

CERTIFICATION AS TO USE OF EQUIPMENTSTATE OF CALIFORNIA
BOARD OF EQUALIZATION**This vehicle has not been operated or it has been in the possession of:**

NAME	TELEPHONE NUMBER ()
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ADDRESS (*street, city, state, zip code*)**For the period(s) of:**

FROM	TO
FROM	TO

And that the equipment (check whichever applies):

- ☐ HAS BEEN STORED
- ☐ HAS BEEN USED ON PRIVATE PROPERTY EXCLUSIVELY
- ☐ HAS BEEN USED AND ALL USE FUEL TAXES HAVE BEEN PAID BY (*list below*)

NAME	USE FUEL TAX PERMIT NUMBER
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Further, that (please check one):

- ☐ NO TAX CLEARANCE CERTIFICATE COVERING THIS EQUIPMENT HAS PREVIOUSLY BEEN RECEIVED
- ☐ TAX CLEARANCE CERTIFICATES PREVIOUSLY ISSUED ARE (*check one*)
- ☐ ATTACHED ☐ UNAVAILABLE (*If unavailable, please explain usage or disposition below.*)

EXPLANATION

I hereby certify that the statements above are correct to the best of my knowledge and belief.

SIGNATURE	TITLE
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ADDRESS (<i>street, city, state, zip code</i>)	DATE
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Mail completed form to Motor Carrier Section, MIC:65, State Board of Equalization, PO Box 942879, Sacramento, CA 94279-0065. If you have any questions regarding specific vehicle transfers, please telephone the Motor Carrier Section at 916-322-9669.